



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 12, 2014

Ms. Jacqueline F. Sweeney, Owner/Administrator
Just Like Home Personal Care, LLC
506 Gallitzin Road
Cresson, Pennsylvania 16630

RE: Just Like Home Personal Care
324960

Dear Ms. Sweeney:

As a result of the Department of Public Welfare's licensing inspection on April 9, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 32496 - 04/09/2014 - McCloskey, Jason

PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

A baby monitor is attached to the bed of Resident #2 and broadcasts to the receiving unit on the home's kitchen counter. ~~Conversations and sounds made in the bedroom~~ shared by Resident #2 and his/her roommate can be heard clearly by residents, staff and visitors in or near the kitchen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

① On 4/9/2014 after the inspection the Baby monitor was removed from the kitchen area by the administrator.

② Resident # 2 Family had requested to have Baby monitor in Resident's Room so staff could hear [redacted] in the night. The monitor was only used in the night + shut off in the morning. Administrator had a verbal discussion with Resident # 2 + [redacted] Family about the monitor & Resident's rights to privacy. Family understood and was acceptable to plan of correction.

③ Administrator replaced baby monitor with a door Bell type device and Button was placed beside Resident's bed to use for assistance at night. Staff will continue to do regular bed checks.

④ In the future there will be no monitor systems permitted in the Facility.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Jacqueline F. Sullivan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

JACQUELINE F. SULLIVAN
ADMINISTRATOR

Date

5/20/2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6-11-14
(Date)

Plan of correction implementation status as of

6-11-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JE
(Initials)

Violation Report: 32496 - 04/09/2014 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

A vial of Humalog insulin for Resident #1 was marked as opened on 1/9/14. The manufacturer's instructions state that Humalog must be used within 28 days or be discarded.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- ① On 4/9/2014 Following state inspection administrator removed Humalog insulin from locked refrigerator med box and returned it to the pharmacy to be discarded.
- ② Administrator spoke to Pharmacy tech, who checks the med cart monthly to also check refrigerated med & all opened insulin and to discard as instructed by the manufacture for 28 day limit.
- ③ Administrator will also monitor all opened insulin & all meds monthly and follow manufactures instructions.
- ④ Staff will continue to be educated on proper procedures & medication instructions to prevent future episodes.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Jaqueline F. Sweeney*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney* Administrator Date *5/20/2014*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-11-14 (Date)

The above plan of correction was approved by JS (Initials)

Plan of correction implementation status as of 6-11-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented